P11000100384

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Ray Coplan

COVER LETTER

Amendment Section

Division of Corporations

TO:

SUBJECT: MOBS Consulting, Inc **DOCUMENT NUMBER:** P11000100384 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Orlee Arfi Name of Contact Person MOBS Consulting, Inc. Firm/Company 16001 Collins Avenue, Apt 1207 Address Sunny Isles Beach, FL 33160 City/State and Zip Code orleearfi@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mike Arfi Name of Contact Person Enclosed is a check for the following amount: ✓ \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$52.50 Filing Fee, Certificate of Status & Certified Copy \$43.75 Filing Fee & Certified Copy **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF CORRECTION	N
for	SECO ALL,
MOBS Consulting, Inc	AHA
Name of Corporation as currently filed with the Florida Dept. of	State Children G
P11000100384 Document Number (if known)	AM 9: I
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida S these Articles of Correction within 30 days of the file date of the docu	tatutes, this corporation files ment being corrected.
These articles of correction correct Article of Incorporation (Document Type Being	Corrected)
filed with the Department of State on 11/21/2011 (File Date of Document)	•
Specify the inaccuracy, incorrect statement, or defect:	
Maiden name was used for the registered agent and officer in	stead of married name.
Correct the inaccuracy, incorrect statement, or defect:	·
Last name of registered agent and officer, being one and the	same, should be Arfi
instead of Mendel	odino, oriodia de 7411
	· ·
(Signature of a director, president or other officer - if directors or officent of been selected, by an incorporator - if in the hands of the receiver, other court appointed fiduciary, by that fiduciary.)	vers have trustee, or
Outon Aust	
Orlee Arfi (Typed or printed name of person signing)	President (Title of person signing)

Filing Fee: \$35.00